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## MEDICINE'S CHALLENGE\*

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**D**URING each annual session of the California Medical Association it is the duty of its President to make an address. In compliance with that duty, I shall endeavor to inform you concerning the accomplishments of the Association during this year past together with our failures and shortcomings. Also, to outline for you my own and our officers' suggestions concerning our future program.

The past year has been a transition year from war-time tension and work to peace-time activities. Many of our colleagues have returned from military duty and have reestablished themselves in private practice. The teaching universities and the California Medical Association have cooperated generously and effectively in providing post-graduate and refresher courses for our returned veteran physicians.

California, with a population of nine and one-half million persons, has confronting it many problems concerning the private practice of medicine and the public health of its citizens. If population analysts are correct, by 1960 the state will have a population of fifteen million. This rapid increase will mean that our state will develop into an industrialized society instead of an agricultural one. These changes will increase our problem with reference to the control of disease from the standpoint of private practice and public health.

During the past year, the medical profession in this state has again been faced with a distinct legislative threat of socialized or political medicine. This move on the part of the social planners, job creators and politicians is directly contrary to our concept of American democracy and the thoughts behind the founders of our country in the promulgation of the Constitution of the United States of America. The thought has, unfortunately, been by

propaganda instilled into the minds of our citizens that a generous government must care for all of us from the cradle to the grave. The regimentation of the profession of medicine and its allied professions which would result from the socialization of the state or federal government from a medical standpoint would be contrary to all ideas of American freedom of action and enterprise. It would lead inevitably to totalitarianism and communism. The reasons for such a statement are many; one or two will suffice.

First: The acceptance of political medicine by our legislators and the public is a first step in our loss of individual rights—a step toward definite control of the daily lives and work of our citizens which must lead to federal and state control of all other professions and businesses. It seems fantastic that a people such as ours should ever seriously consider such proposals. However, many organizations and groups, by superb salesmanship, stressing security and distribution of services, are fostering such a system of medicine. When a government by law decides what physician a citizen may have, how much that physician may charge him and what kind of treatment he may have, that government will soon decide what all other trades and professions may do, in a similar manner. This would lead us into a nation of people looking to our state or federal government for guidance and sustenance in all phases of life itself.

Second: The statement that socialized medicine will provide better care than at present is based on false premises. In fact, from actual statistics and information from all the areas where state or federal medicine has been in force, it is definitely proven that good medical care such as we have is not possible under such conditions. State control and compulsion will absolutely lower the quality of medical care. Such control would not be economical. In this state to render good medical care to all the people would cost at least \$600,000,000 to

\* Address of the President, California Medical Association, delivered before the Seventy-sixth Annual Session, April 30, 1947, Los Angeles.

\$700,000,000 yearly under the guise of a bill purporting to provide relief from the cost of catastrophic illnesses for the individual. The public is promised things that cannot be provided due to lack of hospital and other facilities. The medical profession has been accused of trying to frighten the people of California when it has said that proposed legislation in our state is economically unsound, medically dangerous and cruelly misleading in promising to do things that cannot be done.

These bills have been proposed in California due to the supposed medical neglect that exists and because the proponents claim that thousands of persons in this state suffer medically because a physician cannot be obtained or afforded. I have not been able to authenticate cases of neglect in California. In fact, very recently in one of our populous counties, the County Medical Association ran a half page newspaper advertisement for four days, requesting that any one in that area who could not obtain medical services because of inability to pay or lack of facility, call the Society. Only three legitimate calls were received and direct evidence here proved that there was no such medical neglect or need. There may be, but I doubt it, a few places in our state where medical care is unavailable. A very small percentage of people live more than 20 to 30 miles from a hospital. The physicians of this state have never denied care to the indigent or low income group. The physicians of this state are rendering millions of dollars of charity care to the indigent of California. This has been long one of their contributions to the aid of the needy for which they have not had full recognition.

I would add, however, that there are some things that the medical profession of this state can do and is doing to help improve the health of our people. We do need increased public health facilities in many areas where even rudimentary health services are not now available. We need to solve and are helping solve more efficiently the problems of tuberculosis, cancer and heart disease, the chronic conditions which cause more morbidity and mortality than all other illnesses. We have responsibility as citizens as well as physicians. We have expressed ourselves in no uncertain terms against legislative proposals designed to saddle the people of California with compulsory health insurance. We will be guilty of doing less than our duty if we do not give full support to putting into effect constructive services which we know to be useful in preventing and controlling disease among the citizens of California.

As the California Medical Association and as physicians living in California communities, we are, therefore, concerned with community conditions that determine the standard of living of a family—its housing, food and environmental conditions which govern, among other things, the purity of water supply, disposal of sewage and garbage, and the inspection of food supplies. We must be sure that every community in California has the six basic public health services which both urban and rural areas need to give us effective public health control.

The control of environment protects the health

of people as we have already mentioned. There are other conditions relating to public health and well-being with which we are concerned. We must protect the health of our children and our mothers through immunization against communicable diseases, through pre-natal clinics and through child health conferences. Nor can we ignore the need for control of other communicable disease, including tuberculosis and venereal diseases. We need public health laboratory facilities and services to assist the health department, the practicing physician, hospitals and other persons and agencies contributing to public health. The collective analysis and interpretation of statistics derived from the registration of births, deaths and the incidence of disease is absolutely necessary to the health of the people of our state. Early recognition and treatment of disease is basic to good health, and an educational program aimed at widespread understanding of the principles and practices of personal hygiene and community health protection is included among these basic minimum services. Current legislative measures insuring these public health services should be given our support as citizens.

#### NEED FOR HOSPITALS

World War II gave us immense gains in insight into the relation between fear, anxiety and health. We must, both as practicing physicians and as community leaders, relate this knowledge to planning for California's future. "Mental hygiene" is no idle phrase.

Increased emphasis must be given to securing for each community adequate hospital facilities and full utilization of these facilities. Construction of hospitals is a vital need in California. *Preliminary, conservative*, estimates indicate that we need 17,000 additional beds. Federal legislation has set up a program for providing hospital facilities on a national basis, which our state and national Medical Association have joined with other health agencies in supporting. Our present legislature has before it measures which will permit a long-range hospital building program for California. We cannot consider that we have accepted our full responsibility for the task we have set ourselves as medical advisers to the voters of our state unless we give support to this essential legislation.

The need for adequate hospital facilities is the core of our disease control program. We cannot reduce our tuberculosis death rate without increased provision of beds. The California Medical Association has given immeasurable service to the cancer control program in this state, in sponsoring it and in working closely with the State Department of Public Health. Hospital beds for the care of the chronically ill is an inevitable part of this program.

We cannot move forward in our crusade to prevent heart damage and death to California's children from rheumatic fever and rheumatic heart disease until we can be assured of a sufficient number of beds in which to give these children the long-term convalescent care which can protect their hearts.

The cost to communities is not reduced by ignoring these needs—it is increased—and furthermore,

we pay our money for poor health and hopeless chronic situations rather than making our dollars serve the future. Short-sighted policies and failure to maintain preventive services—in short, failure to put into effect our knowledge of disease control—are far more costly than the maintenance of good services. Both physicians and their patients have benefited wherever good public health services have been maintained.

The need for additional hospital facilities in California is severe. There is an acute shortage of 1,500 to 2,000 beds and an overall need for approximately 17,000 additional beds. To build the necessary hospitals would cost \$200,000,000 at least. Cooperation of all agencies—the medical profession, state and federal governments and private citizens—will be desperately needed to meet this demand. The profession is striving sincerely to solve this problem.

In the past the California Medical Association has done its best by every method possible to educate Californians to the value of voluntary medicine in contrast to political or compulsory. It has found the public receptive to the plan of voluntary prepaid medical services; the response has been convincing. The membership in California Physicians' Service, our own plan, has increased from about 160,000 beneficiaries to approximately 500,000 in one year. This does not include the persons who have bought health policies of various types from private insurance agencies. Blue Cross Hospital plans now cover 600,000 in this state.

The medical profession admits that this does not solve all our medical problems of distributions and service—nor does it claim that all other economic problems in our state have been solved, such as proper housing, proper food, clothing, shelter, and recreation for all our citizens. One thing has been proven, however, and that is that people are more and more willing to take some initiative themselves in providing readily available catastrophe care for themselves on a free, voluntary basis.

This fact proves also that the people of the state are not yet ready to put the burden of the greater part of their medical bills on the employer and the state. California Medicine has been and is meeting the challenge of political medicine head on. It is not unmindful of the shortcomings of our present system in medicine as in many other fields. The physicians of California are going forward in research and planning, in investigation and in work looking to the future improvement of health of our citizens; and this is being done without government subsidy or compulsion.

At this time I would like to pay tribute to our legislative committee and its alertness in providing us with proper information concerning the 400 bills relating to public health which have been scheduled to come before the current legislature in Sacramento. No words of mine can be used that would express adequately my commendation. By the teamwork of our whole membership, I know that only progressive measures will be adopted, which will go a long way in helping solve our present medical problems.

The medical profession of California is not un-

mindful of its responsibilities. It feels, however, that the medical care problems of this state can only be solved on a voluntary, cooperative basis. The physicians of this state know that any job of this type that the state tries to do, private enterprise can do better.

Medical men in California have accepted and are facing the challenge of providing, under American principles of non-compulsion, better medical care than that offered by any state in the United States. They do not want second-rate things. The citizens of this state do not want inferior care and regimentation when it affects their lives and health.

#### REVIEW OF ACCOMPLISHMENTS

So, in summarizing I may point to the following definite accomplishments during the past year:

1. The public demand for compulsory health insurance has sharply decreased in California. The Governor's 1947 program is not and has not been receiving such a measure of support as was given two years ago—and the legislature is not in the mood to support such legislation.

2. The California Medical Association's attack on the evils of compulsory health insurance has proven effective in that the proponents of the program have been making strong efforts to disclaim the word "compulsory" and are avoiding the terms "socialization and regimentation of medicine." The bills of 1947 are defensively and deceptively written and presented.

3. A great majority of organized public opinion is now on record against compulsory health insurance. More than 200 civic organizations, including most of the larger and outstanding civic groups in the state, have already adopted resolutions condemning such legislation.

4. Press opposition to the socialized medicine program has greatly increased. There are now more than 400 newspapers in the state which have announced their opposition to such legislation. In favor of compulsory health insurance there are at present only about 20 newspapers, indicating the weakness of such support.

5. The phenomenal growth of voluntary health systems during the past year has done much to remove the cause of agitation for compulsory health insurance. More than 1,000,000 additional persons were insured in 1946 by the more than 100 various voluntary plans active in California, and the total now covered is well over 4,000,000. C.P.S. membership increased from 179,000 to 419,000 and the number covered by the Blue Cross plans increased from 350,000 to 610,000.

6. During the year 1946 the California Medical Association has sponsored a 12-month campaign to make California "health insurance conscious" and this has been a prime factor in the growth of the voluntary systems. "Voluntary Health Insurance Weeks" have been held in 34 counties and five additional counties will be covered by July 1.

7. Public interest in a prepaid budgeted medical care plan has been stimulated by radio and newspaper advertising informing the public that a remedy for the medical care problem is available without resort to any form of socialized medicine.

This has been an effective answer to the criticism that physicians are doing nothing about the problem. Newspaper advertising has appeared in 450 newspapers in 34 counties. A California Medical Association sponsored radio program, "California Caravan," broadcast weekly over Mutual Network discussing the merits of voluntary prepaid health insurance, has had a listening audience of half a million people.

California Medical Association's aggressive, militant program has been a vital factor in a successful attack against political medicine. However, we must give credit to other factors which have aided us, among them the swing of the pendulum against regimentation and public controls as reflected in our recent congressional election trends and favorable economic trends. These trends may not continue indefinitely and if economic lags and depressions come along, we may expect sharp recurrences of demands for political medical cure-alls.

Public education must be continued on a long term basis, and if our objective of providing proper medical care on a voluntary basis in this country is gained I believe that we should recommend:

1. Capitalizing on our tremendous gains made in voluntary health insurance coverage with a goal of at least one million additional members during 1947, or in two years a goal of four to six million, which would approximate the number covered under the proposed compulsory systems.

2. Broadening of newspaper and radio advertising campaigns to inform every California citizen of the availability and merits of voluntary plans.

3. Continuation of the "Voluntary Health Insurance Weeks" so as to clinch the sales in all local communities.

4. Extension of aid to all County Medical Societies in establishing a sound public relations program, striving to inform the citizens of the state about the part that local physicians play in meeting community problems and what they are doing to take the economic shock out of illnesses.

The physicians of California, to do these things, must be vigilant and prepared. They must assume their responsibilities as citizens and physicians looking toward community betterment and improved health under a system which has made this the healthiest and greatest nation in the world.

## The Increasing Importance of Q Fever Infection\*

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QUEENSLAND fever, or Q fever, as it has come to be known, has been considered a rare and relatively remote rickettsial infection, obscure as to the mode of contagion and bizarre in its clinical manifestations. The total number of cases which have been studied is less than 200, nearly all in Australia, and they may be classified in four general categories. The first of these is the series of cases in Queensland, 176 in number, discussed as a group by Derrick in 1942.<sup>8</sup> The second is the small group of five infections, two in ticks and three in patients, observed in Mantana between 1938 and 1941 and reported rather incompletely in three separate articles.<sup>6,10,12</sup> The third is the laboratory outbreak in 15 patients, one of whom died, at the Institute of National Health, Bethesda, Maryland.<sup>11,13</sup> And the fourth category includes a series of cases in the Western United States diagnosed and reported solely on the basis of positive serological studies on sick or convalescent individuals.<sup>7</sup>

Up until last year (1945), our total knowledge of the clinical manifestations of the disease, Q fever, was based on these four sources, so that it may readily be seen that the average physician in the United States would have had no direct concern with the disease and might well have considered it just one more medical curiosity. Such an opinion

would have been supported by the fact that certain well established characteristics of rickettsial diseases, such as occur in various forms of typhus, and in the Rocky Mountain Spotted Fever (R.M.S.F.G.) group of tick-borne infections do not occur in Q fever. The cardinal differences may best be shown as follows:

	Typhus and R.M.S.F.G.	Q Fever
1. Rash	Common	Very rare
2. Leucocytosis	Common	Uncommon
3. Weil Felix Test	Positive	Negative
4. Extra cellular forms of rickettsiae	None	Common
5. Filterable form of rickettsiae	None	Occur
6. Mortality	May be high	Low (about 2%)

### IDENTIFIED IN NEW LOCALITIES IN 1945

However, in 1945, Q fever passed from a limited orbit of concern to the broad sphere of world-wide interest when it was identified in three new localities: the Panama Canal Zone, Italy and the Balkans.<sup>1\*</sup> In each instance the presence of Q fever infection was not believed to be due to a chance importation. Rather, it was considered as due to an endemic focus, long present, but only just brought to light by the increase in diagnostic

\* Read before the Section on Public Health at the Seventy-fifth Annual Session of the California Medical Association, Hotel Biltmore, Los Angeles, May 7-10, 1946.

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\* Subsequent to the presentation of this paper, Q fever was reported in Texas in the Public Health Reports for May 31, 1946. Vol. 61, p. 784.